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State o	California-Health and Welfare Agency
CONT. DO	Tiodain and Wenare Agency
f-orm A	pproved OMB No. 2050-0039 (Expires 9-30-91)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Secremento California

lease print or type. (Form designed for use on elite (12-pitch typewrit	er). and F	and Front of Page 7				stances Control Di Sacramento, Cali		
UNIFORM HAZARDOUS 1. Generator's US WASTE MANIFEST CLAID 1918		Manifest ocument No.	2. Page 1 of 1			shaded areas Federal law.		
3. Generator's Name and Mailing Address IOS ANCH FS UNIFTED SCHOOL DISTRICT 1425 SOUTH SAN PHIRO SIRPET ROM 215 LOS ANCHIES, CALIFORNIA 90015 4. Generator's Phone (213) 742-7371	MAINTENANCE AREA (8960 FERRICK AVEN SUN VALLEY, CALIFO 913)2 E	A. State Mani B. State Gene	883.	<u> 1533</u>	32		
5. Transporter 1 Company Name A/S METAL RECYCLING, INC.	6. US EPA ID Numbe	US EPA ID Number A D 9 8 1 4 0 2 4 0 7			H_Y_H_Q_3_60_1_7_5_0_5 C. State Transporter's ID			
7. Transporter 2 Company Name 9. Designated Facility Name and Site Address		US EPA ID Number			E. State Transporter's ID F. Transporter's Phone			
OMEGA RECOVERY SERVICES 12504 EAST WHITTIER BOULEVARD WHITTIER, CALIFORNIA 90608		US EPA ID Number			G. State Facility's ID CADD 14 Z Z 4 S O O H. Facility's Phone			
	C A D O 4 2 2 4	3001	(2	213) 69	98-099	1		
11. US DOT Description (Including Proper Shipping Name, Hazar		No No		Total Juantity	14. Unit Wt/Vol	l. Waste No.		
WASTE COMBUSTIBLE LIQUID, N.O.S DISTILLATE, METHYLENE CHLORIDE)	O. (PETROLEUM NA1993	002) MO:0.	040	CE	211/213 PA/Other		
E b.				0 17 10	St	001/D001		
C.		+	111			A/Other ate		
c c					Ef	A/Other		
					17	A/Other		
11a) DEGREASER - 2-20cac Du			c. 0/		d.			
15. Special Handling Instructions and Additional Information APPORPRIATE PROTECTIVE CLOTHING AT 16. GENERATOR'S CERTIFICATION: I hereby declare that the and are classified, packed, marked, and labeled, and are in a national government regulations.	a contents of this consistent as to	re fully and acc	curately describe	ad above b	y proper st	n)pping name		
If I am a large quantity generator, I certify that I have a progr to be economically practicable and that I have selected the present and future threat to human health and the environme generation and select the best waste management method to	ram in place to reduce the volumeraticable method of treatmen	ne and toxicity t, storage, or d	of waste genera	ated to the	degree I h	ave determined		
Printed/Typed Name OUSIE WONG ON BEHALF OF 17. Transporter 1 Acknowledgement of Receipt of Materials	Signature	sw 1	Won	(1	Onth Day You		
Printe Typed Name Printe Typed Name 18. Transporter & Acknowledgement of Receipt of Materials	Signature	, 6	Pen) Q.	м 16	onth Day Ye		
Printed/Typed Name	Signature				М	onth Day Ye		
						<u> </u>		
18. Transporter & Acknowledgement of Receipt of Materials Printed/Typed Name 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardo	ous materials covered by this are	anifest except	as noted in Hem	19				